APPLICATION FOR IOWA PHARMACY LICENSE

Please type or print clearly in ink. Make changes as necessary.

1 2	CLASSIFICATION: GENERAL PHAPPLICATION FOR: APPLICATION FOR: Address Choose Choo]HOSPITAL PHAR Chg. □Owners		☐ LIMITED USE PHARMACY ☐ Pharmacist in Charge Chg							
	FOR LICENSE PERIOD: IOWA PHARMACY LICENSE NO.:			LICEN	SE FEE:	\$150.00						
3	DBA, LEGAL NAME, & LOCATION OF PHARMACY:											
	Name											
	Address					y order payable to: ARMACY EXAMINERS						
City	State,Zip											
	County											
4	PHARMACY PHONE ()		FAX	(_)							
	PHARMACY E-MAIL ADDRESS: (optional)											
5	TYPE OF OWNERSHIP: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other											
	Names, titles, and addresses of all principal owners, partners, and officers of the pharmacy. Attach additional sheets if necessary.											
7	PHARMACY EMPLOYEES: (Use additional sheets as necessary.) PHARMACISTS currently working at this location:. Pharmacist in Charge: NAME LICENSE NO. HRS WORKED/WEEK SIGNATURE											
8	Staff Pharmacists: NAME		LICENSE NO.		AVG. HRS	WORKED/WEEK						

9	REGISTERED TECHNICIANS and PHARMACIST-INTERNS currently working at this location.								
	NAME			REGISTRATION NO.	AVG. HRS WORKED/WEEK				
10	CLIDDODTIV	E DEDSONNEL ourro	ntly wo	rking in the procesin	tion donortmo	ent			
10	(Non-pharmacists/non-technicians/non-interns who functions. They may include store managers or as NAME ADDR			may perform duties su sistant managers, clerks	oilling, cashier, and clerical				
11	Does any per property in w	HARMACIES ONLY: son licensed to prescrible this space is least to this question is "yes	ed?	☐ Yes ☐ No)				
REMIT TO: IOWA BOARD OF PHARMACY 400 S.W. EIGHTH STREET, SU DES MOINES, IA 50309-4688 PHONE: (515) 281-5944			UITE E th di			formation provided on s application may be sclosed pursuant to 7 IAC Chapter 14.			
cor	rect. I unders	under penalty of perjotand that failure to protion, or other disciplina	vide co	mplete and truthful	information m				
12 SIG	/								
	Sigr	nature of Owner or Corporate	Officer	Title		Date			

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO APPLICANT